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PARENTING THE CHILD WITH ATTACHMENT DIFFICULTIES

PHILOSOPHY

While love and parental common sense are necessary ingredients to successfully parent a child with attachment difficulties, they are rarely sufficient. This is due to the fact that most children with attachment problems are too guarded and too distrustful to receive the love and support that parents may be offering. The foundational issue for AD children is not love, but safety. In the absence of safety, love becomes an unaffordable luxury.

It is the pursuit of safety that leads AD children to be as strategic and controlling as they are. "Control" has become a prominent word in the attachment world as though it were the problem itself. This leads to conceptualizing parenting AD children as too often a "battle for control" which the parents must win by wresting control from the child. While there is some truth here, this thinking mistakenly defines "control" as the problem whereas it is really only a symptom. "The problem" is a lack of feeling safe in the world, and "control" is no more than a compensatory attempt to make up for the sense of safety that is missing. It is important that parents remember that they are aiming to create a feeling of physical and emotional safety that their child has not known previously, not simply to win a "war for control".

With safety in place, a bridge develops across which love can flow. Think of safety as converting an "unteachable student" into a teachable one who can now start to learn the lessons of love. Safety makes love "affordable" for the AD child. Parenting an AD child at this point begins to resemble the more conventional, common sense parenting of a child without attachment difficulties.

The specialized parenting techniques outlined below are all aimed at gradually creating safety for the child and removing the child's blocks to receiving the love that the parents have to give. Many of these techniques are somewhat counterintuitive and reflect the fact that if everything that typically makes sense has been tried without success, than anything else will seem at first not to make sense.

Even when parents have most of these qualities, children with attachment problems can be very exhausting whether the parents are adoptive, foster, or biological. AD children have a sixth sense for finding every button a parent has and pushing them all. If you have reached the point of feeling ineffective and discouraged, that is a warning signal that professional assistance should be considered.

PARENTING PRINCIPLES & TECHNIQUES

SAFETY: Maintaining the physical safety of people and property should always be parents' top priority. This always takes precedence over doing something to promote attachment, to encourage better behavior, etc..

BOUNDARIES: AD children's boundaries can vary from wholly absent to defensively rigid. Their boundaries can also fluctuate widely across time. The rigid boundaries are not really boundaries at all but a defensive veneer to mask the emotional fragility that lies underneath. Deficient boundaries manifest in multiple ways. AD children are vulnerable to merger / fusion fantasies such that they fear "being taken over by another". This fear is usually managed with oppositional behavior, much like the toddler who initially establishes her separateness by opposing the parent with "No". Insufficient boundaries leaves AD children open to absorbing the emotional states of others and acting them out, or attributing their own affective states to others (projection). Simply put, AD children are forever mixing up "inside and outside". They can be oblivious to others' personal space, but overly reactive to others' physical proximity to them. They typically don't understand, or don't care about, the concept of personal ownership and are susceptible to presuming on others' possessions simply because they want them. Due to their scarcity model, AD children may also exhibit varying degrees of hoarding. All of these boundary problems can wreak havoc in the home environment. Simply imposing consequences is not likely to help. AD children need overt instruction in the concept of boundaries as it tends to be missing from their software (IWM).

LOVE: Offering and expressing love is the parents' responsibility. Receiving love (letting it in) is the child's responsibility. Parents too often take the responsibility completely onto themselves to find a way to "get their love in". It is far more helpful to your child to challenge him (softly) about his methods for keeping their love out and to remind him it is his choice to remove those obstacles or not.

EMPATHY / ATTUNEMENT: Empathy or attunement can be defined as the ability to accurately perceive and reflect back the internal state of another. One way to describe empathy is as a welcoming of feelings just exactly as they arrive without trying to change them, take anything away from them, add anything to them, fix them, or explain them. Being present to the child requires the adults to be aware of where they are placing their attention. It is easy to believe that one is reflecting the internal state of the child, when, in fact, the adult's attention is focused on something internal to the adult. (Example: the child is feeling poorly about herself and says that she doesn't believe her parents love her. A common and understandable adult response would be to offer reassurance to the child of the parents' love.) This response comes from the adults' distress that the child feels unloved and a desire to change that. Here the adult attention is focused on the adult's desire to change how the child is feeling. As such, this may be a reassuring, sensitive response, but it is not an attuned one. A precisely attuned response would communicate that it is hard for the child to believe that her parents love her, and so she has a lot of hurt here- this is what the child herself has expressed. This response makes no attempt to shift how the child is feeling- it only describes, precisely, the feeling. One cannot accurately reflect something if one is trying to change it, as reassurance aims to do. Reassurance can even

backfire as research has amply demonstrated. The reassurance can seem so far beyond believable to the recipient, that the reassurance only serves to reinforce how badly the recipient really does feel and can undermine the credibility of the one offering reassurance. Sensitive / reassuring, but misattuned responses, have more to do with the adults' own reaction to what the child has expressed rather than to the content of the child's expression itself. This is a very important distinction, for the more accurate the empathic comment, the more powerful its emotional impact; and the more deeply wounded a child is, the more accurate must the empathy be to be soothing. In addition to empathic verbal content, adults should also be skilled at nonverbal empathy. This involves using voice qualities (e.g. loudness, inflection, rate of speech), bodily gestures, facial expressions, and physical proximity to communicate empathy with the AD child's internal state.

BALANCED ATTUNEMENT: In the results of a pair of extensive studies, the idea that more attunement is better was challenged. Problems with insecure attachment developed by age one with infants whose mothers were least or most attuned. Attachment insecurities resulted in infants whose mothers were too vigilant or too withdrawn in interactions. Attachment was strongest in the midrange of coordinated attunement.

-Dr. Beatrice Beebe: Colorado University Medical School

RULES: Behavioral rules need to be specific, clear, and phrased in behavioral language that states what the child needs to do vs. not-do or stop doing. The rules need to be stated proactively because the unconscious mind does not process negatives. Thus, negatively stated rules actually increase subconscious focus on the behavior being prohibited. This increases the future chances that the undesirable behavior will reoccur. The rules need to be communicated with the expectation that they will be learned and followed. This is best conveyed with a matter-of-fact tone of voice that is free of any emotional edge. *Example:* "I would like you will go to your room right after dinner and do your homework." In general, the interaction should be broken off after the parent has communicated the expectation. In addition, establish the ground rule ahead of time and always in play, that the AD child needs to ask what the rules might be for anything that has never been discussed before. This removes avoidance efforts by way of ignorance, from the AD child's repertoire.

DUAL PRIORITIES: In interacting with their child with AD, parents often have to make a clear choice between either an emotional or a behavioral priority. Both options are present in most interactions. With the emotional priority, the goal is one of some measure emotional healing which is a long-term outcome. Altering behavior in the short term is not the priority here. In fact, the pursuit of emotional healing frequently leads to short-term behavioral deterioration. The emotional work, early on, occurs primarily in therapy. As progress is made, the work of emotional healing can increasingly be shifted into the home context. With the behavioral priority, the goal is one of behavioral management / change in the short-term. Here, processing emotional experience is not the focus. However, behavioral work frequently triggers a significant emotional response. Parents not being clear about their priority, going into an interaction, run the risk of fluctuating between addressing feelings and addressing behavior. This kind of "ping-pong" typically achieves nothing in either realm, and can actually make things worse.

DISCIPLINE, SHAME & EMPATHY: When imposing a consequence as part of discipline, offer emotional support (empathy) for the hardship that the consequence will cause the AD child. Communicate the understanding that being disciplined probably feels like humiliation and this will lead the AD child to want to misbehave. Express a vote of good faith that the child has the resources to handle the discipline and the expectation that she will make a good choice even though she does not want to. This both preserves attachment while maintaining discipline. The parent should let go of any anger that remains after imposing the discipline, as quickly as possible, to avoid sabotaging the relational work and the intended effect of the consequence.

APPRECIATION VS. PRAISE: After an AD child reluctantly makes a cooperative choice, appreciation is often a better parental response than praise. Appreciation puts parent and child on the same level for that interaction. Praise, on the other hand, can suggest that the one offering the praise (parent) is the more powerful one, and therefore able to pass judgment on the less powerful one (child). Praise is, after all, every bit as much a judgment as is criticism. Praise can run the risk of the child feeling the parent is rubbing his face in "the parent having won". This can generate anger which may undo the cooperative decision right then, or may fuel oppositional behavior in the future. Appreciation can avoid those risks and can strengthen the parent-child relationship. The positive attention should also be delivered in an attenuated fashion, as positive attention can trigger internalized shame in an AD student. This is painful and the adult offering the positive attention can, paradoxically, end up being seen as cruel rather than supportive. This will fuel distrust and protective behaviors.

PRAISE & SUCCESS: - When AD children achieve a success, be it behavioral, emotional, or academic, that success should be celebrated in the moment and left in the moment. This can enhance confidence and self esteem, which can bias future performance positively. When the adults spin a current success into a future expectation ("keep it up", "you can do that more often"), the result is counterproductive. The present success is immediately replaced by a future pressure and the implicit message that the present success isn't enough. The experience for the child is often one of anxiety, resentment, and possibly shame. This can sabotage future performance and undercut motivation ("Why succeed- it only creates the next demand"). AD children may well respond with lower performance as a way to manage what appears as an ever rising bar. Adult comments about "living up to their potential" has a similar suppressive effect on AD children and should be avoided as well.

GRATITUDE: The concept of gratitude is something typically absent from AD children's IWM. Given that, it is an important skill for AD children to learn. At first they may need to be cued in situations wherein gratitude is appropriate. They may also need to be given the concrete words to say. Beyond just thank-you, they should state specifically what they are thanking the other person for. This makes it more real to AD child. Appreciation should be extended back to them for their expression of gratitude for a while. Gratitude acknowledges having received something from another, and this implies that the child is worth "being given to". Research has shown that children who express gratitude have more positive self images, are happier, have better relationships with family and peers, higher grades, less materialistic, and a desire to give back as compared to children who feel entitled. Educating children about the wonder in the world vs. acquisition of things promotes gratitude in all children.

PARENTS AS EMOTIONAL ECHO CHAMBERS: Parents often function as emotional echo chambers for their children with attachment difficulties. As emotional echo chambers, parents may well experience the feelings that truly belong to their children, but their children are not acknowledging (and may not even be consciously experiencing). Understanding this can help prevent overpersonalizing a parent's emotional reaction to the AD child. It is truly the child's feeling, not the parent's; the parent has "caught" the feeling from the child, sort of like catching a cold. In addition, seeing themselves as emotional echo chambers can give parents important information about their child's hidden feelings in the moment. This reduced, parental, emotional reactivity, and greater understanding of the child's feeling in the moment, enhances parents' responses to the situation.

EMOTIONAL CONTAGION: Emotions can be passed from one person to another much like colds. This is emotional contagion. It is driven partly by rapid nonverbal mimicry, particularly of other's facial expressions, and the associated internal sensations. This phenomenon occurs in infants only a few days old. Once people start mimicking facial stimuli, they often rapidly experience the emotions that are connected to these stimuli. Hence, it is important for parents to do their best to be aware of their facial expressions when interacting with their AD child so their expressions don't act as a source of unhelpful emotional contagion.

THE NONVERBAL DIMENSION: Communications research has repeatedly found that in verbal interaction, body language carries about 50% of the message, vocal characteristics 40%, and the verbal content 10%. These results highlight the importance of tracking the nonverbal dimension, a task even more essential to working effectively with AD children. The nonverbal dimension carries most of their emotional expression, and much of that is out of their awareness and so beyond the reach of verbal report. Being aware of this dimension, in all of its richness, is a critical skill for parents of AD children. Probably the most comprehensive breakdown of the nonverbal dimension was done by the Neuro-Linguistic Programming practitioners back in the 1970's. They identified the below listed items as all capable of carrying affective information.

- Body position
- Muscular tension
- Gestures and movement of body parts
- Head tilt
- Breathing: location and rate
- Facial color, muscle tone, and jaw position
- Lips: pursed / drawn, sucked inward, corners upturned / downturned
- Voice tonality, volume, rate of speech, articulation, fluid vs. staccato, dismembered sentences
- Quality to the eyes

As AD children are so feeling-averse, it is useful to establish the principle that "mouths talk or bodies talk". This challenges the illusion that the child is in full control of the information being conveyed. They cannot, not express their feelings. This idea typically generates considerable anxiety for an AD child. It also provides a basis for telling (gently) the child, "Your mouth says you have no feelings and your body says you do". The parent can then offer a guess, based on the nonverbal data, as to which feeling is present. This intervention can serve a dual purpose: 1)

it can be a gateway to gaining emotional access, and 2) it can make disconnected feelings more explicit for the child.

READING THE EYES: Being able to read the appearance of an AD child's eyes can provide the therapist useful information for promoting emotional engagement. In my experience, the different looks to the eyes fall into five broad categories. 1) Clear / bright- indicates that the child is present, engaged, in a positively valenced mood and more aware of the big picture. 2) Dark- the eyes appear as if a shadow has fallen across them and this usually reflects anger, rage, or depression. 3) Empty- the eyes appear as voids, giving the impression that "no one is home". This is the look of depletion, of giving up, and of disconnection from self and the environment. 4) Steely / piercing- the eyes appear focused outwards with an intensity that seems to "look right through" an observer. This is the gaze of hypervigilance and of focusing on individual details. It telegraphs anxiety and distrust. 5) Mirrors- The surface of the eyes appears only as a reflective surface that masks anything beneath it such that an observer is essentially, shut out. The basic message is, "I don't want you to see me." 6) Receptive: These are the eyes of the infant just taking in or absorbing the immediate world like a sponge. This, in many ways, is the gold standard of attachment work

EYE CONTACT: As long as an AD child does not have consistently good eye contact, working on eye contact should be a priority. Good eye contact is the basis for the child learning to "take the parent in emotionally". Without this "taking in", an AD child is less likely to develop an emotional connection to parents. Verbal cues, such as "look at my eyes", sometimes supplemented with hand gestures, may be sufficient. Do not try to force eye contact over strong opposition. This sets up a power struggle that will only contaminate eye contact with tension and conflict. In addition, remember that extended eye contact in a relationship with a power differential (parent-child) tends to make the one with less power feel defensive. Do express appreciation when eye contact is given.

PHYSICAL TOUCH: AD children are often touch avoidant. Parents should not let this intimidate them into rarely touching their child as touch is a cornerstone of attachment. Therefore look for opportunities for physical contact during calmer moments. Scheduling time for nurturant holding is another option. However, it is not recommended that physical contact be imposed over a child's oppositionalism should that occur. To attempt to do so only contaminates the notion of physical affection with more conflict and tension which "poisons the well". It is better to look for a more propitious moment at another time. AD children also often need to be taught how to relax into being touched as they frequently develop an almost reflexive stiffening or bracing in response to touch.

MOTIVATION: A word of warning: do not care about your child's problems more than she does. AD children are quite content to allow the adults to carry the worry while they continue the behavior. Nothing is likely to change as long as you are more anxious about your child's behavior than she is. So, parents need to be careful not to take on anxiety that truly belongs to your child. Parents cannot make their child better. Parents cannot make their child do the work they need to do to grow. Parents cannot make their child be successful. In the spirit of

counterintuitiveness, acknowledging that your child has the freedom and the power to throw away the opportunity that is her life, increases the chances that she won't.

CHOICE, CONSEQUENCES, & RESPONSIBILITY: The IWM of AD children may contain little or no sense of personal responsibility or choice as a sense of victimhood often predominates. However, even “victims” still make choices. However, even “victims” still make choices. Thus “choice” is a concept they need to be taught, but experientially, not simply verbally/cognitively. This experiential learning requires establishing specifically, what the child did. Once this has been done, whatever the behavior was, it is simply defined as a “choice” (this is taking responsibility for behavior). The next step is to make a best effort to establish the reason for making the choice as it was made (this is taking responsibility for motive). If the choice was a positive one (adult view) this should be acknowledged. If the choice was a negative one (adult view), parents should avoid the temptation to encourage better choices in the future. This is quicksand for parents as they cannot elicit improved choices the child does not wish to make, and AD children are very aware of this. Simply hold the child accountable for the choice and determine whether to impose a consequence of some form. In general, a consequence should be imposed no later than the second time a behavior appears. The first appearance can be used to identify the behavior as problematic and establish the expectation that the child should replace the behavior with a more constructive alternative in the future. Though AD children will likely test this, it is still a process worth doing, for it lays the groundwork for the parent to clearly establish the child's responsibility, experientially, should he choose the same behavior a second time. The linkage between each choice (positive or negative) and its outcome should be made explicit (responsibility for result of choice). The child should then be reminded that she will always have the choice of which outcome she wants to receive in the future (responsibility for future outcomes). This effectively replaces parent-child power struggles with lessons in choice and responsibility for the child.

Probably the most common, and paradoxically least effective, form of consequences is time limited consequences. Time limited consequences simply lapse after a certain amount of time has passed with nothing required of the child but waiting it out like a jail sentence. Below are more effective options:

Environmental consequences: here the environment is modified to either interfere with problematic behavior or induce more constructive behavior. Ex.: 1) child takes things from parents' bedroom, so a lock is put on the parents' door, 2) child procrastinates on a task- access to everything that was used to procrastinate is successively blocked.

Behavioral change consequences: Here, the consequence ends when the child changes the behavior that led to the consequence in the first place, no matter how long that takes. Time is an irrelevant factor. The behavioral change should occur not just once or twice, but several times as repetition facilitates learning. This puts the responsibility, for the consequence ending, on the child.

Incremental consequences: These are useful for repetitively occurring minor behaviors such as interrupting or noisemaking. They are based on something dimensional, like time or money, from which deductions can be made in successive small increments for each behavioral infraction. Parents just quietly add up the number of infractions, occasionally reminding the child of the running total. Ex: Child is told he will go to bed 5 minutes early for each interrupting behavior.

Cyclical consequences: These are consequences that can be tied to an hourly, daily, or weekly cycle. The “consequence” consists of waiting for the cycle to complete itself, thereby presenting the child with another opportunity. Ex: 1) Child makes a demand instead of a request. Child can try the request again next hour, next day, etc. 2) Child wants a sleepover and must ask a day ahead of time and asks at the last minute. Child is told “no” and she can try again the following weekend.

NEGOTIATION AND PROMISES: When accepting a promise from an AD child, remind her that should she choose to break it, she will really hurt herself because she won’t be able to use promises in the future as a way to obtain something she wants from her parents. She will then have the added burden of having to figure out how she can earn the adults’ trust back. Never accept a promise from an AD child who already has a track record of broken promises. This is a major mistake on the adult’s part, for it implies credibility when the child has demonstrated the exact opposite. For the same reason, adults should not ask questions of an AD child with a record of being untruthful, unless the adult has a way to verify what the child reports. This again confers credibility where none is warranted. Doing this inflates the AD child’s sense of grandiosity, reinforces negative views of the adults, and blocks safety /trust from developing. As a general rule, negotiating with an AD child is a poor parental strategy. AD children tend to view negotiations / bargains as opportunities to fool the adults. If an agreement is made, always have the child deliver on their portion of the agreement before any reward is offered.

THINKING CONNECTEDLY: Because of their fractured IWM, children with AD tend to perceive the world as a fragmented place in which things are discrete, separate, and random rather than connected. They need ongoing instruction in making connections of all types. AD children need to be taught, that behavior is connected to triggers on the front end, to choices in the middle, and to consequences on the back end. The same is true of feelings; they need to learn that feelings are connected to triggers on the front end, to some form of expression (bodily, behavioral, or verbal) in the middle, and to outcomes on the back end. They need to be taught to make connections across time (before and after; cause and effect), across situations/people/circumstances (generalization), and in social interactions. All of this instruction must be concrete and specific and visual aids can be of great help.

TEMPORAL FUNCTIONING

Temporal mentoring: Adults can function as “temporal mentors”. Explain connections between the present and events that have happened, or could well happen given certain choices in the present- give examples. Point out when “thinking only in the moment” is happening, so child can begin to recognize it. Contrast this with the making of connections between the present and the past or future. Have the child paraphrase this back. This intervention is more effective if visual aids are used. This technique is also more effective if used in multiple contexts by multiple adults.

Then vs. Now: With distorted temporal perception, there is a failure to clearly separate present from past. Thus, children with TPP should not be thought of as really being able to apply the distinction of “then vs. now”. They are more likely to mix them into a temporal stew with no awareness that they are doing so. Thus, they need overt teaching of “then vs. now” by comparing these two points in time and concretely noting the differences. Visual aids in the form of Then

vs. Now Collages can be of much assistance here. Divide some poster board in half- one half is “then” and the other half, “now”. Attach pictures that depict these two different points in time to each side of the collage, respectively, and then review. It is sometimes helpful to display the collage at home in an appropriate place. The collage should be defined as a tool to help the child learn to separate out different points in time. A variation on this exercise is a Visual Time Line which portrays significant events in the child’s life. This can be two dimensional (drawn) or three dimensional (laid out with objects and figures).

RESOLVING POLARIZED THINKING: AD children can express diametrically opposed opinions at different points in time without experiencing any internal sense of contradiction. They can do this so easily because 1) their thinking is fragmented and 2) they live in the moment so they forget that they have expressed the opposite opinion previously. This can seem manipulative to the adult(s). A helpful response is for the adult to hold up both sides of a contradiction that the child has flip-flopped between, and ask about the discrepancy. It is useful to ask where is the part of the child that believes the opposite of what is being expressed in the moment. This intervention can begin to promote higher level integrative thinking as it replaces the child alternating between opposite ideas over time with the child seeing that he has voiced contradictory opinions across time.

VICTIMHOOD & RESPONSIBILITY: AD children frequently adopt the stance of “victim”, which usually takes the form of blaming others, to serve several purposes: lower parental expectations, avoid responsibility, avoid a consequence, obtain gratification (guilt induction), or get someone else in trouble. Parents should simply tell the child that choosing to present self as a victim is an easy out which the parents will not support. A defensive angry outburst should be expected in hopes of re-establishing victim position. Empathy is the last thing to offer the AD child in such situations- that would essentially be enabling. Instead, the goal is to use the situation to promote personal responsibility for the AD child. Point out that the child has been a victim in times past, but that is not the case in the present moment. Frame “playing victim” as a strategy, and inquire what the child hopes will happen if the adults accept the victim presentation.

SPECIFIC TECHNIQUES

TANTRUM DE-ESCALATION: Behaviorally, things can escalate to the level of a tantrum or meltdown with AD children. Different children require differing approaches in order to come out of a tantrum. Some children will need direct and clear structure. Others will need a warm and supportive approach including affectionate holding. Still others will need to be left alone for a while to recompose themselves as their psychological boundaries have been weakened by their outburst.

VERBAL INTERACTIONS

Verbal input is stimulating, and as such, it is a poor choice of method to help an AD child relax when emotionally escalated. Statements like “calm down, relax, it’s no big deal” are often counterproductive and further the escalation. In the face of rising emotion, conversation should be cut back, slowed down, packaged succinctly, and done in an even voice. Giving the child

verbal and physical space is usually a good move. Asking what just happened can be effective. There are specific forms of verbal input to be aware of:

Reasonableness: Logical information does not persuade AD children and can make the adult look foolish in the eyes of an AD child. The adults losing their credibility will contribute to an AD child's sense of lacking safety.

Explanations: Explanations do not persuade AD children, and are apt to be used as leverage to challenge the validity of the adult's position (like giving a prosecuting attorney more information to work with). In addition, explanations undermine parental authority, for they implicitly say that authority rests on a valid explanation rather than on the parents' role as parents. This is likely to increase the AD child's sense of feeling unsafe.

Information: It is fine to withhold information from AD children, even information they directly ask for, when parents have a sense that that information will somehow be misused. It is instructive to tell your child that you are not providing the information requested because her past behavior (you are teaching connected thinking by doing this) has shown you that she is most likely to use the information poorly.

Positive input: Before offering an AD child reassurance or a complement, ask first if the child would believe it. If this is answered affirmatively, then the adult should follow through. If answered negatively, accept the child's answer, and withhold the offering. This is an implicit lesson in accountability for what is believed, or not. It also avoids giving AD children yet one more opportunity to reject something positive from an adult, an opportunity they hardly need. This should be used on an intermittent basis, as it is also helpful for adults to offer positive input independent of what the child will do with it.

Quantity of Input: With AD children, it is important for parents to discipline how much verbal input they provide. AD children frequently don't pay attention to adults, or pretend not to understand ("What did you say?") or immediately forget what was said to them. These are examples of the Tyranny of Helplessness that AD children may employ as a way to manage the adults. Parents repeating themselves only reinforces the AD child's not taking any responsibility to listen ("They'll just say it again."). Parents are also vulnerable to offering too much encouragement, too many reminders, or too much assistance to prompt an AD child's thinking. These are additional examples of the AD child's Tyranny of Helplessness in which passivity on the child's part induces overfunctioning on the parent's part to fill the vacuum. This only shifts responsibility that truly belongs to the child onto the parent. Parents should establish the policy that they will repeat themselves, at most, one time and provide at most, one reminder. The message to the child is to sharpen listening skills.

Parents' Childhoods: Generally, the parents' own childhood is a poor frame of reference for understanding or explaining anything to an AD child. Starting from their own childhoods, parents will likely arrive at incorrect conclusions and expectations for an AD child because the experiences are so different. This ends up reflecting a lack of empathy. AD children usually view parents referencing their own childhoods as evidence of the parents having little credibility and so such input is dismissed outright. It is better for parents to acknowledge the differences between everyone's childhoods.

Parental Defense: Parents should never ever defend themselves to an AD child (example: trying to clarify the goodness of their intentions). An AD child will reject this as adult manipulation. Parents defending themselves keeps the parent as the focus of the conversation, thereby leaving the child's contribution out- a mistake. It is the AD child's distrust that usually drives challenges

to parents, not the parents' motives. That distrust should be the center of the conversation. All defenses carry the implicit message that there is some truth in the accusation that needs to be defended against. This will only amplify the AD child's anxiety rather than put it to rest. It is much better for parents to remain confident in their position, without defense, and ask the AD child how she got to her suspicious viewpoint.

Child's "why" questions: "Why?" questions from AD children are almost always maneuvers to undercut parental authority by getting information the child can use to argue that the parents position is illegitimate. "Why?" questions are also usually false questions in that the child already knows the answer. The best responses to "Why?" questions are to either: 1) point out that the child already knows the answer or 2) ask the child to tell you the answer to his own question.

Unintelligible speech: AD children frequently speak so that what they say cannot be clearly understood. Sometimes they mutter. Sometimes they speak very softly. Sometimes they make up words. Sometimes they scramble the order of words in a sentence. Sometimes they leave words out. While some AD children do have language disabilities, the majority of unintelligible speech used by AD children is a purposeful strategy. Unintelligible speech is another way to keep parents in the position of "not knowing and trying to find out". Thus, if asked to repeat what was said unclearly, the AD child is likely to say it unclearly again, or refuse to repeat it, or blame the parents for not listening, or tell the parents that they had their chance and blew it. This secondary frustrating of the parents only adds to the child's unhelpful sense of power. Therefore, assume that if it was said unclearly, that it wasn't important, and move right on as if your child never spoke. If she later says that she already told you something, just tell her she wasn't clear; and instruct her that, in the future, when she has something that she wants you to know she should make sure she speaks clearly. This shifts the responsibility for functional communication onto the AD child.

Unresponsiveness: When attempting to talk with an AD child who is responding minimally, one can try role-playing the child and speaking what you think the child would be saying and then shift back into the adult role such that you are carrying both sides of the conversation. AD children often respond to this. This needs to be done in a matter-of-fact and not teasing way. A related strategy, for those occasions when questions go completely unanswered, is to tell the AD child that if he chooses not to answer, that you may make up the answer for him, count that as his answer, and then use it in any related decision you might have to make. For this strategy to be useful, the adult needs to have a good sense of the child's unspoken answer. Otherwise this can appear as punitive and arbitrary.

Cross-talking: If there are two adults available, cross-talking is a useful technique. Here, the adults talk to each other, with the child present, in order to convey information they want the child to hear. Tone of voice needs to be neutral. No direct response is requested or expected from the child. The adults might simply be hypothesizing about what may possibly be going on with the child. Cross-talking should be kept fairly short or the AD child may tune it out.

ONE LINERS: The purpose of these one-liners is to provide adults, dealing with children with Attachment Disorder, a variety of options for exiting constructively from what would otherwise be unproductive interactions with the youngster. Thus, these should be said in a matter-of-fact manner *without sarcasm or a demeaning voice*.

Child- "Why do I have to?" Parent- "If you don't understand why after you are finished, I'll be glad to explain."

Do I repeat myself?
Do you have a plan?
Do you think this behavior is fun to be around ?
Do you think you will still hate me at dinnertime, bedtime, tomorrow... ?
Hope it works out for you.
Hope you get over that.
Hope you figure it out.
I'll love you wherever you live.
That's a very interesting way to look at it. I never would have thought of that. Hope it works out.
I'll love you no matter how long it takes you to get through the _____ grade.
I'm glad I don't let myself get bored.
I might have a hard time believing that if I said it myself.
I love you too much to argue with you.
If by chance I am wrong, I will make it up to you.
Let me know how it works out for you.
Nice try.
Oh, that's never good.
Do I look like I believe that ?
Really ! I hadn't thought of that.
True.
That's an interesting idea. How did you figure that out?
There's no hurry. Just have it done before your next meal. We'll be having (meal) at (time).
Hope you can join us.
That's an interesting way to do that.
What do you think would be best for you?
What do you think I think about that?
What do you think you will do?
Who has a problem with lying, stealing, forgetting, swearing, ... ?
You can make an appointment with me to discuss that later
-The Institute for Attachment and Child Development

THE TRAIN OF EXPECTATIONS: At the level of the nervous system, there is a difference between a desire / wish and an expectation. An expectation has more momentum and stronger feelings attached to it than does a wish as there is a belief that it is going to happen. There is typically greater disappointment accompanying an unmet expectation vs. an unfulfilled wish. For AD children, with their weak emotional regulatory skills, avoiding disappointed expectations is a key prevention skill, as unmet expectations run a high risk of generating an emotional outburst. This is a challenge, as AD children are quite liable to read expectations into circumstances that aren't absolutely clear. That's when the Train of Expectations leaves the station. The goal is to keep the train from leaving in the first place. This requires the adults being very clear with their language about whether something will happen or not, and if so, when. If things are indefinite, then it is important to tell the AD child that "indefinite" is not the same as "yes" and therefore the child should not make up his mind that the answer is "yes". Instead the child should tell himself that it might or might not happen, and if it doesn't, he is can manage that without an outburst.

REFRAMING “I CAN’T”: AD children frequently use “I can’t” in relation to expectations for performance whether it be educational performance, behavioral performance, emotional performance, etc. The use of “I can’t” can stem from fear, from shame, from not knowing how, or from avoidance. Regardless, “I can’t” is problematic because of its absolute implications (typical of AD children’s absolute thinking), its strategic purpose, or its blocking of development. It is useful to reframe “I can’t” as “haven’t learned how”, as “haven’t done it yet”, as “I won’t”, or as “I’m afraid to”.. These alternatives shift things from being “in cement” to being in flux / transition, with the possibility of future changes as things proceed.

BELIEF VS. TRUTH: This can be a simple, yet powerful intervention. Point out that belief and truth are not the same thing. People believe things that aren’t true all the time. If something is not true, believing it does not magically make it true. People also disbelieve things that are true all the time. If something is true, not believing it does not change its truth. If something is familiar, that does not make it true even though its familiarity makes it “seem” true. Nonetheless, people typically defend their beliefs against the truth. Here is where epistemology, or the study of how do we know that what we think to be true, really is, can be a useful tool. Even the word itself can engage the child. The child is invited to examine the source of her belief. The goal is to draw out the child’s thinking rather than oppose it with countering information. Absent any clear basis in reality, skepticism about the truth of the child’s belief, should prevail on the parents’ part. The parent can always apologize later for being wrong. The child can then be challenged to look at the fact that she acts on a belief whose origin is unknown to her. Essentially this can be boiled down to the child making choices and not really knowing why. This can be framed as a questionable basis for choosing. This intervention can begin to break the child’s identification with a destructive belief.

CHALLENGING BELIEFS: Rather than challenging an AD child’s belief directly, which is rarely effective, invite the child to flip the belief into its opposite and then verbalize that. This is almost always met with resistance which reflects the child’s emotional investment in the belief. That resistance can be pointed out along with the suggestion that the opposite idea is an uncomfortable thing to say. Ask the child to describe how things would be if “the opposite of what you believe now, were true”. This usually meets with more resistance, which can again be pointed out. If the child refuses to offer any description, the parent can offer some possibilities of how things might be if the opposite idea was what the child believed. The child can then be asked to venture a guess as to what that experience might be like. This may well encounter more resistance still. Now the parent has a clear basis to suggest that the child needs to keep the belief for some reason, whether it is true or not. This effectively shifts the focus from what’s true about the outer world to what’s true about how the child’s inner world is working.

ADVICE: Almost never offer an AD child help or advice without first asking the child if he wants it. This question forces the AD child to take some responsibility for stating what he wants in order to get it- this is priceless practice. Additionally, it helps parents avoid the frustration of offering advice only to have it rejected out-of-hand because the child wasn't interested in solving the problem in the first place. If the child says he does not want advice or assistance, do not offer it. Just drop the subject and move on. This holds the child accountable for his negative answer.

REJECTING THE FAMILY: When an AD child voices a wish to not be part of the family, periodically removing the child from some or all of normal / special family activities. Then the child concretely experiences the natural consequences of his wish not to be involved. This can lead the child to begin to rethink his choices. Including the child in the context of not wanting to be involved often results in the AD child ruining whatever is happening for everyone.

GRANDIOSITY / ENTITLEMENT: Grandiosity is a common feature of the IWM of AD children. It always breeds a companion attitude of “entitlement” which is simply the belief that “I have a right to get what I want.” Grandiosity can come from a history of too many needs having being met which leads to a sense of specialness in the child. The basis for entitlement here is: “I have a right to get what I want because I am special.” Development is blunted because of a lack of appropriate challenge, and the child learns to trade on specialness and unconditional love instead of skills. Here the child attacks the adults by devaluing and demeaning them to intimidate them into gratifying the child. Adults, and particularly parents, must learn to tolerate and support the child’s struggles with fear and sadness when specialness begins to fail. At the opposite extreme, grandiosity can arise from a history of insufficient meeting of the child’s needs. This produces a sense of unimportance in the child who comes to assume adults won’t provide for the his needs. To counter this as a matter of survival, the child develops a compensatory grandiosity. This breeds a different form of entitlement: “I have a right to get what I want because I am owed.” The child trades on a projected image of being “owed” to induce guilt in the adults. Adults, and again parents in particular, should seek to empathize with the child’s fear and distrust and avoid defensiveness when rejecting guilt induction.

GIVING / RECEIVING, GUILT & DEMANDINGNESS: Avoid giving an AD child more than he can receive. Doing so will reliably stir anxiety about two things: 1) the adult motives, and 2) a sense of not deserving what has been given. This anxiety and guilt practically guarantees emotional / behavioral deterioration soon afterwards. It is for this reason that gifts at birthdays and holidays should be moderate in amount. Paradoxically, AD children can also be quite demanding. This stems from their sense of entitlement. When AD children make demands, vs. a parent’s spontaneous giving, they have little difficulty receiving because they initiated the process. It can be useful to occasionally ask your child, when he makes a demand, “What is in it for me?”. This can be an effective reminder that relationships are reciprocal, something AD children very much need to learn. In the bigger picture, AD children need to learn to replace their demands with requests. Emotionally they resist this because requests place them in too vulnerable a position. Nonetheless, the expectation for requests should remain in place.

UNFAIRNESS FOR PARENTS: This is a counterintuitive technique that can serve to both connect with AD children as well as to disrupt unconstructive interactions. The task for the adult is to complain to the AD child that she is being unfair to the adult. This complaint of unfairness must be attached to something specific the child is doing or saying. Otherwise vagueness renders this technique ineffective. The adult must also convey this in a neutral way. Irritation in the voice will sabotage this intervention. Complaints of unfairness are so familiar to AD children that they recognize the adult’s position immediately. This can actually promote a bit of an empathic reaction in the child.

PREVIOUS PROBLEMATIC SITUATIONS: With situations wherein there have been problems, before re-entering the situation, review what happened the previous time and explain what is expected this time. Get a firm commitment from the child to follow the expectations. The commitment takes the form of repeating back to you the expectations, not just a single-word answer. If your child won't do this or does it incorrectly on purpose, don't take her back into the situation. That simply invites history to repeat itself.

FORGETFULNESS: Forgetfulness should almost never be accepted from an AD child as a valid reason for having broken a rule or for being excused from responsibility or consequences. Instead, forgetfulness should be framed as a consequence of the AD child having taught her brain to forget things she doesn't want to remember. If the forgetting was intentional, the child will likely angrily protest this challenge. The solution that is presented to the child in this situation is to sharpen her memory in the future or find a way to help herself remember. The child is then held accountable for the act of remembering, not the parent for reminding.

FORCED CHOICE: This strategy can be utilized to prevent or at least reduce oppositional stalemates between adults and the AD child. Give the AD child two or three choices, all of which are agreeable outcomes to the parents. These are the only choices available at that moment. Example: 1) go to bed on time tonight and you get to stay up until your regular bedtime tomorrow night; 2) for each minute you are late getting in bed tonight, five minutes will be taken off your bedtime tomorrow night; 3) go to bed on time for the rest of the week with no reminders and a surprise shows up on the weekend. The parents then step back and allow the child's behavior to "tell the tale" of what will happen. The fact that all the outcomes stem directly from the child's behavioral choices provides a valuable experiential lesson in "choice", "responsibility", and "cause-effect". This intervention also makes it more difficult for the child to frame the outcome as simply resulting from the parents being "mean / unfair".

SOMETHING WILL HAPPEN: This intervention is counterintuitive when compared with the emphasis on consistency and predictability that are cornerstones of child behavior management. With AD children however, given their distrust and need for control, too much predictability can become a liability for parents, as an AD child is apt to devise a strategy to navigate around the predictability. In the case of something will happen, rather than confronting the AD child with a specific consequence in the moment, the parent says something like, "You can make that choice. I don't think it's a good move and something will happen." Parents must be ready to follow through in some specific way should the child make the poor choice. However, the follow through can come several days later. That intervening period of waiting for the other shoe to drop can have significant impact on the AD child as the uncertainty can generate useful anxiety. This may not happen the first time around, as the AD child will likely think the parents won't follow through. At the time of imposing the consequence, reference the prior warning that "something will happen" and identify that this is that something to insure your child gets the connection.

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